

TESTIMONY

September 4, 2003

Everett Alvarez, Jr.
Chairman
CARES Commission
Department of Veterans Affairs
Office of the Secretary
Washington, D.C. 20011

Dear Mr. Alvarez:

Thank you for the opportunity to address the CARES Commission on the topic of the CARES Plan and the potential impact on Creighton University as an academic affiliate of the Omaha VA Medical Center. I plan to present the following testimony on September 4, 2003.

The Nebraska VA facilities are an essential component of Creighton's education and research missions. In addition, we appreciate the opportunity to provide health-care services to our Veterans in Omaha, Lincoln and Grand Island. The Creighton University/VA academic affiliation relationship needs to remain strong for the future viability and success of our training programs for health-care professionals. We as a University are completely committed to the VA and its mission of education and research. Our medical students and residents as well as other health sciences students train at the VA. Creighton celebrated its 125th birthday on September 2, 2003 and we have been affiliated with the VA since its beginning in Nebraska. We are supportive of any effort to make the VA efficient and support in principle the draft CARES plan for Nebraska. We are grateful that the draft CARES proposal calls for expansion of the Omaha medical center and renovation of facilities in Omaha and Grand Island. We would welcome increased contracts with the VA for outpatient care.

The recent consolidations of VA services in Nebraska have been positive for our affiliation. Creighton University is tightly integrated in providing VA services to several areas, which provides our trainees experience in both a large medical center (Omaha) and two regional facilities, e.g. our Pathology Residents receive training at Lincoln, Omaha and Grand Island.

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In addition to being important to Creighton's educational and health-care delivery missions, the VA is very important to our research mission. Several of the VA physicians and scientists appointed at Creighton University conduct cutting-edge research that is enormously valuable to the academic environment at Creighton e.g. for many years the faculty in the Infectious Disease division have conducted a well respected, funded, research program that has generated training opportunities for research students and opportunities for collaboration with other non-VA faculty at Creighton.

Perhaps a unique aspect of Nebraska is the interaction of two medical schools with one VA. This has worked very well and from our point of view is not a concern with respect to health-care delivery for Veterans. The two medical schools cooperate on educational and research opportunities for their benefit and the benefit of the VA.

The Nebraska VA facilities are valued and much needed facilities from the point of view of Creighton University. We are proud to serve Veterans in Nebraska and hope to continue to do so into the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Nairn', with a horizontal line drawn underneath it.

Roderick Nairn, Ph.D.
Senior Associate Dean, Academic Affairs

Good afternoon. My name is Gary Yee, and I am a professor and chair of the Department of Pharmacy Practice at the University of Nebraska College of Pharmacy. It is a privilege to present the views of the College of Pharmacy and its vision for the future of pharmacy practice at VA hospitals and clinics, although the vision also applies to non-VA institutions. It is also personal for me because my first pharmacy job as an intern 27 years ago was at the VA mail service pharmacy in Seattle, Washington. In addition, my first clinical clerkship as a pharmacy student was at the VA Hospital.

Today I would like to share with you how I believe that pharmacists can help the VA carry out its important mission to veterans. To quote from VA Secretary Principi, the VA is seeking to make “effective use of limited resources to provide health care to its veterans in places where veterans need it the most.” These issues facing the VA are the same ones that the United States, as a country, are struggling with. Dr. Bill Kissick, who served on the Kennedy and Johnson administrations and helped to draft the legislation that created the Medicare program, referred to these issues of access to health care, quality of healthcare, and cost containment as the “Iron Triangle of Health Care”. My message to you today is that pharmacists can have a positive effect on each of these important aspects of health care: access, quality, and cost.

As a result of the rising cost of health care, the absence of an outpatient pharmacy benefit under Medicare, and changes in VA eligibility criteria, more veterans are seeking health care from the VA. According to figures published last week in the Wall Street Journal, the number of veterans seeking care at VA facilities has nearly doubled since 1996. That increased demand has put a strain on the VA system. As a way to increase access of veterans to health care, many progressive VA facilities have involved pharmacy departments and pharmacists directly in patient care, such as pharmacist-run clinics to provide care for the growing number of veterans seeking health care at the VA. In fact, the VA system was among the first to develop and implement this practice model. The availability of pharmacist-run clinics at these VA medical centers allows physicians to work in collaboration with pharmacists to provide care. In this practice model, medically stable patients with chronic diseases such as hypertension,

hyperlipidemia, and diabetes or those receiving anticoagulation therapy may see a physician once or twice a year and a pharmacist once a month or every other month. As a result, patients are more satisfied because they don't have to wait as long to see a health care provider and they also receive better care because they are monitored more frequently by a health care provider. Physicians benefit because they have extra time to focus on the sickest patients. Pharmacist-run clinics have been established at many VA medical centers across the United States, including Albuquerque, Denver, Iowa City, Madison, Memphis, Reno, and San Francisco. At the VA medical center in Grand Island, Nebraska, pharmacists provide care for approximately 750 patients in the anticoagulation and lipid clinics. Despite these positive experiences, pharmacist-run clinics have not been widely accepted or implemented at VA medical centers. Pharmacist-run clinics, if widely implemented at **ALL** VA facilities, i.e. becomes standard practice, would help to increase veterans' access to health care.

Pharmacists can also improve the quality of healthcare. The results of the IMPROVE study, which evaluated the impact of pharmaceutical care in VA medical centers, showed improved quality of healthcare, as measured by disease-specific indicators, in the veterans who received care in a pharmacist-run clinic. Another way that pharmacists can improve quality is by reducing the likelihood of medication errors and adverse drug events. It is estimated that more than 770,000 people in the United States are injured or die each year in hospitals from adverse drug events. In the outpatient setting, a recent study in the New England Journal of Medicine showed that 25% of patients treated in Boston experienced an adverse drug event. Another study conducted in the ambulatory care setting estimated that nearly two million adverse drug events occur each year among the 38 million Medicare enrollees. Both studies showed that a considerable percentage of these adverse drug events were preventable and suggested that increased involvement by pharmacists could reduce the likelihood of medication errors and adverse drug events.

Pharmacists can also reduce the overall cost of health care. Prescription drugs are one of the primary causes for the rising cost of health care in the United States. In FY 2002,

VA outpatient pharmacy costs reached nearly 2.5 billion dollars, an increase of 67% over the last three years (FY 1999). Pharmacists, working as part of the VA Pharmacy Benefits Management group, can help to manage the cost of pharmacy benefits for the entire population of veterans. Pharmacists working at VA medical centers can also have an impact on the cost of prescription drugs by promoting appropriate use of pharmaceuticals and increasing compliance to the VHA national formulary. At some VA medical centers, including the Omaha VA, physicians can refer patients who are receiving many medications to a pharmacist-run polypharmacy clinic, where the clinical pharmacist reviews the appropriateness, dose, dosing schedule, and safety of all of the medicines the patient is receiving, including over-the-counter and herbal medicines.

The VA has also had a positive impact on the health care system through its contribution to health professional training. In FY 2002, over 76,000 students, including University of Nebraska students, received clinical training in VA facilities. It was this positive experience during my first clinical clerkship at the VA hospital that caused me to pursue additional post-graduate clinical training and a career in clinical pharmacy.

During my lifetime, pharmacy has moved from a product orientation to a patient focus, and the clinical training of pharmacists has changed to better prepare students for their expanded clinical role. As a result, pharmacy graduates from all of the 90 colleges and schools today are prepared to accept direct patient care responsibilities in both the acute care and ambulatory care settings. Although the VA has been a pioneer in developing and implementing innovative clinical pharmacy services, involvement of pharmacists in patient care has not been widely accepted at VA medical centers. I believe that pharmacists, if they are given the opportunity, can help the Department of Veterans Affairs achieve its goal of improving health care delivery to our veterans.

Thank you for your time and attention.



City Hall

August 19, 2003

Richard D. Larson
Executive Director
CARES Commission
8710 Vermont Avenue, NW
Washington, DC 20480

Dear Mr. Larson:

The City of Knoxville, IA has taken a position of formal opposition to the draft National CARES Plan; particularly those elements involving the relocation of inpatient services (acute care, long-term, etc.) from the Knoxville campus to that of Des Moines, IA. The City's Resolution opposing this plan is enclosed.

We are most frustrated that the draft Plan proposes to construct a 120 bed facility in Des Moines, while simultaneously closing a 226 bed facility in Knoxville and razing buildings. American veterans deserve the best care, but it need not be provided foolishly. Such recommendations will needlessly cost taxpayers millions of dollars, while adequate VA hospital facilities exist right here in Knoxville. We hope the CARES Commission will recognize the flaw in this.

Relocation to Des Moines of our inpatient medical services will have a devastating affect on the local economy, which exacerbates our frustration because its appears so unnecessary, given our existing VA facilities here.

Knoxville City officials will attend the September 4 hearing in Omaha, NE, but have not been invited to speak. Therefore, we would ask that this correspondence and enclosed Resolution be considered as the City of Knoxville's public comment, and entered into the record accordingly.

To conclude, we ask that the CARES Commission closely examine the VISN 23 recommendations involving future health services in central Iowa. These recommendations prescribe millions of dollars for the construction of plant & equipment while demolishing the same, a mere 35 miles away, here in Knoxville. Our community will be devastated by a costly and illogical solution to long-term health care. By comparison, our taxpayers would never allow us to operate in that manner. Thank you very much for your consideration.

Sincerely,

Jeffrey LaGarce
City Manager

305 S. Third St. • Knoxville, Iowa 50138-2287 • (641) 828-0550 FAX (641) 828-0511

Proud to be the Birthplace of the Iowa flag and the Sprint Car Capital of the World

RESOLUTION NO. 08-71-03**RESOLUTION OPPOSING RECOMMENDATIONS OF THE DRAFT NATIONAL CARES PLAN CALLING FOR RELOCATION OF HOSPITAL SERVICES FROM KNOXVILLE, IOWA TO DES MOINES, IOWA, AND MATTERS RELATING THERETO**

WHEREAS, the draft National CARES Plan for the VA Midwest Health Care Network (VISN 23) proposes to relocate inpatient care, including acute care, long-term care and domiciliary care from the Knoxville, IA campus to the Des Moines, IA facility, and

WHEREAS, the City of Knoxville recognizes the need for quality long-term medical care, and long-term facility and demographic planning necessary to ensure effective and efficient medical services to American veterans for many years to come, and

WHEREAS, the Knoxville VA Hospital has provided quality health care services to American veterans for many decades.

WHEREAS, Knoxville VA hospital patients are very much a part of the Knoxville community; a community which offers all the quality amenities of a small town, including personal and pedestrian safety, low crime rates, safe traffic corridors, accessible businesses, restaurants, and services, community parks, recreation facilities, and a safe and friendly personal environment, and

WHEREAS, relocation of the aforementioned medical services from the Knoxville campus to Des Moines, IA, and corresponding facility upgrades in Des Moines will create exorbitant and unnecessary costs to the Veterans Administration and American taxpayers, and

WHEREAS, the draft national plan for VISN 23 proposes significant capital investment in central Iowa AND simultaneous demolition of structures at the Knoxville VA campus, notwithstanding the large operational capacity presently available at the Knoxville VA hospital, and

WHEREAS, any private enterprise operating in similar wasteful fashion would not long-endure as a prosperous entity, and

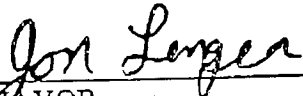
WHEREAS, relocation of the aforementioned medical services from Knoxville to Des Moines, and subsequent conversion of the Knoxville VA hospital to a community-based outpatient clinic will have a devastating affect on the Knoxville community, its people, and its local economy.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Knoxville, Iowa as follows:

1. The City of Knoxville formally opposes the draft National CARES Plan for VISN 23 relative to the relocation of inpatient care, including acute care, long-term care and domiciliary care from the Knoxville, IA campus to the Des Moines, IA facility, and

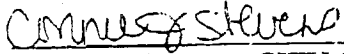
2. The City Council further opposes any plan that demonstrates fiscal irresponsibility, such as the expenditure of millions of dollars for new facilities and simultaneous demolition of others, all within the same region, and
3. The City of Knoxville expresses formal opposition to a public process that conveniently excludes a public hearing in a highly affected region (central Iowa), despite the written request of a U.S. Congressman to hold such hearing in central Iowa, and
4. The City of Knoxville supports the mission of the VA to provide excellence in patient care, veterans' benefits, and customer satisfaction. The City further supports the Knoxville VA hospital, its employees, and its patients.
5. The City Manager is hereby directed to provide this Resolution to the Executive Director of the CARES Commission to serve as public comment and to be entered into the record under the guidelines established for the CARES public review process. The City Manager is also directed to provide a copy of this Resolution to U.S. Senators Charles Grassley and Tom Harkin, and U.S. Representative Leonard Boswell.

PASSED AND APPROVED by the Council this 18th day of August, 2003.



Jon Lenger, MAYOR

ATTEST:



Connie J. Stevens, CITY CLERK